LISTING OF THE PENDING CLAIMS

Claims 1-32 (cancelled)

33. (new) A method of introducing a fluent material into a disc space comprising the steps of:

creating an opening through the annulus fibrosis of a spinal disc in communication with the intradiscal space;

sealing said opening; and

introducing said fluent material through said seal directly into said intradiscal space.

34. (new) The method of claim 33, wherein said fluent material is introduced through a tube placed through said seal.

35. (new) The method of claim 34, wherein said seal is disposed within said opening.

36. (new) The method of claim 35, wherein said seal is disposed on said tube.

37. (new) The method of claim 34, further including the step of placing a cannula having a lumen therethrough into said opening and inserting said tube through said lumen.

38. (new) The method of claim 37, wherein said seal is disposed within said lumen.

39. (new) The method of claim 38, wherein said cannula is configured to distract two vertebrae on opposite surfaces of said disc upon placement of said cannula into said opening.

40. (new) The method of claim 33, wherein the step of introducing fluent material comprises introducing the material under pressure.

41. (new) The method of claim 40, wherein the fluent material is a curable biomaterial introduced into said intradiscal space in liquid form.

42. (new) The method of claim 41, wherein said pressure is substantially maintained until the biomaterial is cured.

43. (new) The method of claim 40, further comprising the step of providing a vent in communication with said intradiscal space and introducing the biomaterial into said intradiscal space until the biomaterial seeps from said vent.

44. (new) The method of claim 43, further comprising the step of closing said vent upon seepage of biomaterial from the vent to thereby increase the pressure of biomaterial in the disc space.

45. (new) A method of restoring disc height between two opposing vertebral bodies of the spine, comprising the steps of:

creating an opening through the disc annulus fibrosis in communication with the intradiscal space;

distracting the vertebral bodies apart to a selected spacing approximating natural disc height;

sealably introducing a curable biomaterial through said opening directly into the intradiscal space until the intradiscal space is substantially filled; and

maintaining the vertebral bodies in distraction until the biomaterial is substantially cured *in situ*.

46. (new) The method of claim 45, further including the step of removing at least a portion of the nucleus pulposus of the disc.

47. (new) The method of claim 45, further including the step of removing substantially all of the nucleus pulposus of the disc.

48. (new) The method of claim 45, wherein the step of sealably introducing the curable biomaterial comprises introducing the biomaterial under pressure.

49. (new) The method of claim 45, wherein the step of sealably introducing the biomaterial into the intradiscal space includes placing a seal adjacent said opening and causing fluent material to flow through said seal.

50. (new) The method of claim 49, wherein pressure is substantially maintained until the biomaterial is cured.

51. (new) The method of claim 45, wherein the distraction step is performed prior to the step of introducing the curable biomaterial.

52. (new) The method of claim 45, wherein the distraction step is performed by a separate distractor.

53. (new) The method of claim 52, wherein said distractor is a cannulated distractor having a lumen in communication with the intradiscal space.

54. (new) A device for sealably introducing fluent material directly into the disc space through an opening formed through the annulus fibrosis of said disc, comprising:

a seal for cooperatively engaging said annulus fibrosis adjacent said opening for sealing said opening; and

a tube having a passageway for the flow of fluent material therethrough, said tube being configured for cooperative sealed engagement through said seal.

55. (new) The device of claim 54, wherein said tube is defined by a cannula having an interior lumen extending therethrough.

56. (new) The device of claim 55, wherein said seal is disposed on the said cannula.

57. (new) The device of claim 56, wherein said seal is integral with at least a portion of said cannula.

58. (new) The device of claim 56, wherein said seal is a separate component disposed on said cannula.

59. (new) The device of claim 58, wherein said seal comprises a plurality of elastomeric rings.

60. (new) The device of claim 59, wherein said cannula is configured to distract vertebrae adjacent to the disc space.

61. (new) The device of claim 54, wherein said seal is configured for disposition in said opening.

62. (new) The device of claim 61, wherein said seal includes a cannula separate from said tube, said cannula having an interior lumen through which said tube extends in use, said exterior of said cannula being configured to securely fit into said disc opening.

63. (new) The device of claim 62, wherein said seal includes a sealing element disposed in said lumen.

64. (new) The device of claim 63, wherein said sealing element comprises an elastomeric ring support in said lumen and configured for fluid-tight engagement with said tube.